

## Merton meeting 22<sup>nd</sup> May Merton Civic Centre

| Merton meeting 22 <sup>nd</sup> May Actions arising. (Points taken from document sent to Kam by Stella Akintam on 18 <sup>th</sup> Sept.)                        | DWP/IAS response   |        |           |  |  |    |      |        |           |            |    |      |      |          |    |      |    |         |      |      |    |              |      |      |    |
|--|--|--------|-----------|--|--|----|------|--------|-----------|------------|----|------|------|----------|----|------|----|---------|------|------|----|--------------|------|------|----|
| <p>There needs to be a line of communication between Voluntary Sector and IAS. Maria Monaghan has provided details and said people can contact her directly.</p> | <p>Maria is currently on a secondment to another part of the IAS business. However any contact to Maria will be passed on to Mary Dunning.</p> <p>People from the voluntary sector in Merton can now contact Mary Dunning (07852 372927 or mary.dunning@atos.net)</p>  |        |           |  |  |    |      |        |           |            |    |      |      |          |    |      |    |         |      |      |    |              |      |      |    |
| <p>IAS to review overbooking in Croydon and Wandsworth</p>   | <p>Overbooking is done to reflect the % FTA at a given centre and is constantly monitored. If we did not do this (in the same way that the NHS does this) then slots would go unfilled and ultimately claimants would face delays in getting awards. Customers Sent Home Unseen (CSHU) tends to be blamed on overbooking, however this is always the last resort.</p> <p>When looking at CSHUs, we are seeing a steady decline in the volume of claimants being sent home unseen and the figures of the last 3 months show that:</p> <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th colspan="3" style="background-color: #d9e1f2;">CSHUs</th> </tr> <tr style="background-color: #d9e1f2;"> <th>AC</th> <th>July</th> <th>August</th> <th>September</th> </tr> </thead> <tbody> <tr> <td>Wandsworth</td> <td>7%</td> <td>3.3%</td> <td>1.2%</td> </tr> <tr> <td>Vauxhall</td> <td>8%</td> <td>5.2%</td> <td>4%</td> </tr> <tr> <td>Barking</td> <td>5.3%</td> <td>3.1%</td> <td>3%</td> </tr> <tr> <td>IPRS Croydon</td> <td>1.8%</td> <td>2.7%</td> <td>2%</td> </tr> </tbody> </table> <p style="color: red; margin-top: 5px;">August saw a spike in Sickness</p> <p>This improvement is being driven by courtesy calls being made on a daily basis to claimants, sickness improving within the teams and improvements made to the maps that are sent out with the appointment letters.</p> |        | CSHUs     |  |  | AC | July | August | September | Wandsworth | 7% | 3.3% | 1.2% | Vauxhall | 8% | 5.2% | 4% | Barking | 5.3% | 3.1% | 3% | IPRS Croydon | 1.8% | 2.7% | 2% |
|  | CSHUs  |        |           |  |  |    |      |        |           |            |    |      |      |          |    |      |    |         |      |      |    |              |      |      |    |
| AC   | July   | August | September |  |  |    |      |        |           |            |    |      |      |          |    |      |    |         |      |      |    |              |      |      |    |
| Wandsworth   | 7%   | 3.3%   | 1.2%      |  |  |    |      |        |           |            |    |      |      |          |    |      |    |         |      |      |    |              |      |      |    |
| Vauxhall   | 8%   | 5.2%   | 4%        |  |  |    |      |        |           |            |    |      |      |          |    |      |    |         |      |      |    |              |      |      |    |
| Barking  | 5.3%   | 3.1%   | 3%        |  |  |    |      |        |           |            |    |      |      |          |    |      |    |         |      |      |    |              |      |      |    |
| IPRS Croydon   | 1.8%   | 2.7%   | 2%        |  |  |    |      |        |           |            |    |      |      |          |    |      |    |         |      |      |    |              |      |      |    |

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| IAS to review circumstances in which Merton residents are being sent on long journeys for assessments. An example is from Merton to Barking.    | Mary has attached a postcode mapping review.  |
| IAS to review the higher than average PIP denial rate in Merton. This is 29% in Merton and 27% as the national average.                         | Kam has tried to confirm these figures but has not been able to update. Where have these figures come from?<br>Information can be obtained on Gov.UK Stats page Borough wide but you will need to register first. |
| Merton CiL will work with peer audit of accessibility of Wandsworth Centre  | Mary is happy to arrange a visit to Wandsworth for any stakeholders at the Merton meeting.  |
| Healthier Communities and Older People Overview and Scrutiny Panel to monitor this issue on an ongoing basis with regular reports to the panel. | Assume this relates to the above point?   |
| Voluntary sector colleagues to monitor the numbers of clients who are facing challenges with PIP and report specific issues to IAS.             | No specific issues reported to Maria  |

Maria's notes from the meeting plus responses.

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| <b>The board felt that Merton in particular is being targeted</b> as people in this area who are transferring over from DLA to PIP are being turned down with the average percentage being 29% which is lower than the national average which stands at 27%. | I think we need to understand where "the board" got these figures. Are you able to ask Peter McCabe?<br>Targeting our customers is not an agenda that is happening. We need to look into claims being turned down and how we can get information to support a positive outcome.  |
| <b>2 of the assessment centres in the area are deemed as inaccessible.</b> These are <b>Wandsworth (IAS)</b> and <b>Croydon (SCP)</b> .  | <b>Wandsworth</b> - at the time of the meeting there was extensive development works taking place across from the Wandsworth Centre. These works were outside of IAS control. Claimants could be dropped off at the bottom of Spectrum Way or on Buckhold Road. Walking distance is approx. 100m from either drop off point to the centre.<br><br><b>Update from Centre Manager 19/10/18</b> - We have added extra signage at Wandsworth, directing claimants round to where the assessment centre is, as claimants were reporting difficulties in finding the assessment centre at times. |

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| <p><b>Wandsworth</b> has no drop off access and people were being told that they could not drive/access the private road to drop off claimants.</p> <p><b>Croydon</b> has a small waiting area and this would not accommodate a wheelchair</p> | <p>The drop-off point at Wandsworth is roughly a 40metre walk to the assessment centre. There are still building works taking place by the Wandsworth assessment centre, but this isn't directly impacting the centre itself.</p> <p>Coordinators at Wandsworth, Vauxhall and Barking are also keeping an eye on travel news and where there are any disruptions, claimants are being contacted and made aware of this, with the aim that claimants will set off earlier to ensure they are on-time for their appointment.</p> <p><b>Croydon</b> – while we appreciate that this is not the largest of sites, we do believe it has room for wheelchair access, albeit not as much as we would wish. However, the site coordinator does carry out Courtesy calls to claimants with the option to change an appointment to another site if the claimant feels that this site does not suit their mobility needs.</p> |
| <p><b>Barking is too far away travel</b> to and claimants are repeatedly offered assessments there.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 79</p>   | <p><a href="#">See attached review</a></p> <p>CR4 1__<br/> CR4 2__<br/> CR4 3__<br/> CR4 4__<br/> CR4 9__<br/> SW20 0__<br/> SW20 2__<br/> SW20 8__<br/> SW20 9__</p>  |
| <p>There are over 2,000 people who are waiting to be transferred from DLA to PIP in the area and concerns are that these people will be taken off benefits.</p>  | <p>DLA to PIP Migration is still continuing and ongoing. It will still take another few years to make sure all are migrated across and have applied for PIP on their invites. This is being done on a random basis based on post codes. This is also to avoid bottlenecks of claims being held up and also not have an impact on assessments being booked.</p>   |
| <p>Since the criteria for mobility has dropped from 50 to 20 meters people are struggling to be awarded points for mobility.</p>   | <p><b>12 points awarded:</b><br/> You can stand and then move between 1 and 20 metres without any help.<br/> You can stand and then move between 1 and 20 metres with a special aid.<br/> You can't stand, even with a special aid.<br/> You can't move more than 1 metre, even with a special aid.</p> <p><b>Ten points:</b><br/> You can stand and the move between 20 and 50 metres with a special aid</p> <p>It is important to make sure where the need is to establish correct criteria:</p> <ul style="list-style-type: none"> <li>• aided" means with - (a) the use of an aid or appliance; or (b) supervision, prompting or assistance;</li> <li>• "aid or appliance" - (a) means any device which improves, provides or replaces C's impaired physical or mental</li> <li>• function; and (b) includes a prosthesis;</li> </ul>  |

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|  | <ul style="list-style-type: none"> <li>• "assistance" means physical intervention by another person and does not include speech;</li> <li>• "prompting" means reminding, encouraging or explaining by another person;</li> <li>• "stand" means stand upright with at least one biological foot on the ground;</li> <li>• "supervision" means the continuous presence of another person for the purpose of ensuring C's safety;</li> <li>• "Unaided" means without - (a) the use of an aid or appliance; or (b) supervision, prompting or assistance.</li> </ul>   |
| <p>The PIP 2 form is too complicated for vulnerable people to fill in which makes it harder for them to claim. As valuable information is not submitted at the start of the process thus resulting in claimants having to go to appeal to get the benefit.</p> | <p>Support for Form completion is provided not only from our Third Party Sector but also from our DWP Home Visiting Service. It is vital to try and make sure our customers are fully aware of extra evidence may be required with the application so that the correct decision can be applied at the right time of claim. Many upskilling sessions to 3<sup>rd</sup> Parties have been delivered so that in turn they correctly inform clients the need of evidence</p>  |
| <p>The amount of claims that they are dealing with at appeal and 87% being overturned .</p>  | <p>Again trying to make sure that all information about how the condition affects the individual is made at onset of claim and so the correct award is made.</p>  |
| <p>Lady from Adults First made the comment that her son is 50 and been claiming since he was a child ( learning disabilities) Felt that he should be 'known' to the DWP</p>  | <p>PIP is a new entitlement. Customers on DLA are known to DWP, however as PIP is replacing DLA, afresh claim would need to be made. Evidence from the existing DLA can be consented by the customer to use as part of their PIP claim.</p>   |
| <p>An attendee quoted piece from the media stating – IAS HP's have inadequate questioning techniques, companions not being allowed to have any input, there has been an increase in poor quality reports, DWP decisions need checking/audit.</p>               | <p>Cannot Comment on "piece from the media"</p> <p>Examples of HPs displaying "inadequate questioning techniques "would be welcome, as requested by Maria in May. DWP guidance and therefore IAS approach to companions having input changes in February 18. DWP Guidance now states</p> <p><b>Companions at consultations</b></p> <p>Claimants have a right to be accompanied to a face-to-face consultation if they so wish. Claimants should be encouraged to bring another person with them to consultations where they would find this helpful – for example, to reassure them or to help them during the consultation. The person chosen is at the discretion of the claimant and might be, but is not limited to, a parent, family member, friend, carer or advocate.</p> <p>Consultations should predominantly be between the HP and the claimant. However, the companions may play an active role in helping claimants answer questions where the claimant or HP wishes them to do so. HPs should allow a companion to contribute and should record any evidence they provide. This may be particularly important where the claimant has a mental, cognitive or intellectual impairment. In such cases the claimant may not be able to give an accurate account of their health condition or impairment, through a lack of insight or unrealistic expectations of their own ability. In such cases it will be essential to get an accurate account from the companion.</p> <p>However, the involvement of companions should be handled appropriately by the HP. It is essential that the HP's advice considers the details given by the claimant and the companion and whether one or both are understating or overstating the needs. If the presence of a companion becomes disruptive to the consultation, the HP may ask them to leave. However, this should be avoided wherever possible. HPs should use their judgement about the presence of companions during any examination. A companion should be in the room for an examination only if both the claimant and the HP agree. Companions should take no part in examinations.</p> <p>The presence and involvement of any companion at a consultation should be recorded in the assessment report.</p> |

An example was raised about a deaf lady who was made to go through a hearing test (last 6 months).

This absolutely should not happen and IAS Clinical Director Dr Barrie McKillop has issued strict guidelines to all Clinical staff that these tests should no longer be carried out.

The overbooking policy is causing cancellations (one person was cancelled 3 times in a row) as well as long (up to 3 hours) waiting time. – The AC's mentioned for these issues are Wandsworth and Croydon SCP ( synergy centre)

Would have been good to have received details of these cases.

Overbooking is done to reflect the % FTA at a given centre and is constantly monitored. If we did not do this (in the same way that the NHS does this) then slots would go unfilled and ultimately claimants would face delays in getting awards. Customers Sent Home Unseen (CSHU) tends to be blamed on overbooking, however this is always the last resort. When looking at CSHUs, we are seeing a steady decline in the volume of claimants being sent home unseen and the figures of the last 3 months show that:

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August saw a spike in Sickness

This improvement is being driven by courtesy calls being made on a daily basis to claimants, sickness improving within the teams and improvements made to the maps that are sent out with the appointment letters.

Vauxhall AC is not accessible by public transport.

Map and directions attached. Vauxhall is in the centre of a busy London area where estate is at a premium. While we would ideally have a train station and bus stop next door, this type of estate simply does not exist. Anyone worrying about the location of their appointment can call to change to a different centre.

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| <p>The board feel that specialist HP's should be carrying out assessments ( MH assess MH cases)</p>      | <p>Paul Gray report states that this is not a requirement, as PIP is a functional assessment. All Healthcare Professionals are trained as Disability analysts. All HPs are trained in the same way (Mary to provide overview of training programme) and can call on MH champions and helpline, colleagues around them etc for support with complex or difficult cases. Logistically it would be hugely difficult to pair HPs with conditions, when few people present with just one condition, and doing 54k assessments a month this would not be possible.</p>   |
| <p>Merton constituents should be treated with respect and dignity and not have to 'prove' everything</p> | <p>The more evidence you give of how your disability affects your everyday life, the easier it will be for the DWP to make the right decision about your claim.</p> <p>You can put supporting evidence with your claim, these are good papers to include:</p> <ul style="list-style-type: none"> <li>• Medical records</li> <li>• Sick notes</li> <li>• Prescriptions</li> <li>• Diary of daily routine. You can make a diary to show how your disability affects you in day-to-day life. Keep a very detailed diary for at least one day to show how long everyday things take you and how you do them differently because of your disability.</li> <li>• Letters from medical professionals (see below)<br/>Consultant you see at hospital, your community psychiatric nurse (CPN), your GP, health visitor, nurse, occupational therapist, physiotherapist, psychiatrist or your psychologist</li> <li>• Letters from other professionals (see below)<br/>Letters from another professional who helps you, like your healthcare assistant (HCA), social worker, support worker or a teacher, can also be helpful. They can say how your condition affects your everyday life</li> <li>• Letters from other people who help you. Letters from any friends or family who you rely on are helpful too. They can say how they help you and what would happen if they weren't there to help you</li> </ul> |